## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034224

DO NOT WRITE		AME	NDED		R	agistration District No	318 Prin	nary Registration	District N $100$	3Registrar's N	- 9061	STATE FILE N	UMBER
ON THIS STUB				9	E	ILEO SEPT	2 1963				ENCE OWNER James	sed lived. If institution:	0
* 3,0000 1	I_	1 1	زيم	<b>5</b>	'	a. COUNTY							
VS 300		N.	ر آف	9		a. COUNT				a. STATE M	O	St. Louis	3 admission)
Rev. 4/59	12	. 3	$\mathcal{N}$	3	Ι.	b. CITY (If outside cor	rporata limita, give TOWN	SHIP only)	Length of stay in	lb c. CITY			Inside Limits
	AMENDED	9	7	17	ŀ	TOWN St.	Louis			OR TOWN S	appington		Yes □ No □
1	₹	120	יור	AΝ	l —		NOT in hospital, give loca	tion	Inside Limit			outside, give location)	Reside on Farm
	12	1	. '	X 0	ļ	HOSPITAL OR		•		_   ADDRESS			1
2/000	DAT	0	04	1	l	INSTITUTION IT	<u>icarnate Word</u>	Hospital	Yes No	<u> </u>	<u>343 S. Yor</u>	kshire Dr.	Yes No 🗆
2/14/1/12	<del> =</del>	11	$\dashv$	- 34	<u> </u>	NAME OF DECEASED	First	M	iddle	Last	4. DATE	Month Day	Year
	-		- 1	3-6		(Type or print)			<b>T</b>	*2.	OF DEATH	<b>-</b>	1963
4 6				3 3	L		CASPER		L.	WENZEL	1	Sep. 7	
			٦.	30	5	. SEX	6. COLOR OR RACE	7. Married 🔀		— L 07 W.1	9. AGE (last bi	Months   Dave	R IF UNDER 24 HR Hours Min.
5 /		1	٦	3		Male	White	Widowed [	] Divorced	_   1<-/-	9 63	69	'''''   ''''''
			١.	3	- 10		(Give kind of work done	10b. KIND OF B	USINESS OR INDU	STRY 11. BIRTHFLAGS	City and state or o	country) 12. CITIZEN O	WHAT COUNTRY
6	<b>≨</b>			4		Transport of working	ng life, even if refired) Beaumont Savi	ngs & Tos	n Assn.	St. L	ouis. Mo.	U.S.	Α.
7 6	Ō		P	5 3	13	a. FATHER'S NAME	GAMMONT DAYL		THER'S MAIDEN N			ME OF HUSBAND OR WIF	
	FOLLOWS		-	1/2		Philip Wenz	, a ]	Cla	ra Doctor		127.5	sie C. Wenzel	
' N ' /		0	- [	,	-16		IN U.S. ARMED FORCES?	1 015	ua Doccoi	). 17. INFORMANT	<u> </u>	Address	
-	AS	6	-	3			yes, give war or dates of	54					
9 .	쀭	7	k	3 I	<u> </u>	No I	None			Elsie C.	Wenzel 7	43 S. Yorksh	re Dr.
10	₹	1		z		18. CAUSE OF DEATH PART 1.	(Enter only one cause per DEATH WAS CAUSED BY	line for (a), (b), ( :	and (c).				NTERVAL BETWEEN
	ᇎ	1.1	m	Ž			IMMEDIATE CAUSE (a	wel	astat	u Care	22 2000 201	,	
11	Ö O	1	الم	8			, , , , , , , , , , , , , , , , , , ,		<u> </u>			_	
	RECORD EAD OF		1	DOCUMENT		Action and		0	A 1001	on of ce	استهنديج	Delanglala	2 Mis
127-5-71		10		-		which ga	ns, if any, DUE TO (i	0)	<u>Cere, in</u>				
13	THIS	1			l		cause (a), } the under-			18	(1.1)		
1		$\Box$	_	_		lying c	ause last. J DUE TO (			7 6		<del></del>	
	8				ᇹ	PART II.	OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO DI	EÄTH but not related	to the terminal	PART III. If deceased there a pregn	was female was ancy in last 90 days.
. 63	<u>ي</u>	]		5	F	•	discase condition given						No Unknown
	ENTS			13	밑				Looi December	HOW IN PIECE OCCUPANT	FO 15		
18."	₹ I	1 1		. 4		19. WAS AUTOPSY PERFORMED?	20a. ACCIDENT SUICID	E HOMICIDE	206, DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature of	injury in PART I or PART	ii of item (a.)
	오			1	5	YES   NO D	-	_	1 .				
z	AMENDA	] [		Our	₹	20c. TIME OF Hour	Month, Day, Year				• •		
∠ Q`	₹			7		INJURY a.m. p.m.	[			,			
RIBBON	- 1	8			*	20d. INJURY OCCURRE	D 20e. PLACE	OF INJURY (e.g.	, in or about home,	, 20f. CITY, TOWN, C	OR LOCATION	COUNTY	STATE
		0		3		WHILE AT WORK NOT WHILE AT V	tarm,	factory, street, of	fice bldg., etc.)				
BLACK INK OR RITER RIBBC	وا	13		3				71.7		7-42		0-6	-63
SOE ∣	READ	11	-	3	i I	21. I attended the dec	ceased from	- /1-63	, 10		and last saw him ali		
<b>∞</b> `≅∣			- 1	. 3		Death occurred at	<u>, 12</u>	:50 A.	m on	the date stated above	, and to the best of	my knowledge, from the	causes stated.
USE	팅	.	O	7				ree or title)		22b. ADDRESS	<del></del>	4.4.4	22c. DATE SIGNED
USE BLACK OR TYPEWRITER	SHOULD	18	9	ō	l	22a. SIGNATURE	eres H. Til	ce or title)	120 0	4632	So Guo	sell Blod	4-9-63
<b>-</b>	S.	17		Ξ	_		· · · · · · · · · · · · · · · · · · ·		OF CEMETERY OR			City, town, or county)	(State)
	<u>.</u>	1 1	$\top$	<b>⊣</b> ≰ I	23	a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	1			ľ	Ls Co. Mo.	•
	Š			AFFID,	Ŀ	emoval	Sep. 10, 190		et Burial	Park		TRAR'SISIGNATURE	
	Ψ¥	00	9			FUNERAL DIRECTOR		DRESS		DATE RECD. BY LOCAL	135	// / 17	M.D.
	E	4		Æ	Kı	riegshauser '	4228 S. Kings	nighway h	31vd. SE	P 9 1963	XO	an smun	. 11. V.

## STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	End Chin & Me August.
Signature of Student Embalmer	Signed_ (Assure T) // Stressell
	Licensed Embalmer Np. 3024

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.